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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE* *EHE*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE* *EHE*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY ID	SHEETS  DRAWING 3	TOTAL  CLAIMS 47	INDEPENDENT  CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>EHE</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Imaging device cooling system

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